the state of the s	
ARIZONA STATE BOARD OF HEALTH State File No	
L PLACE OF RIRTH	TTAL STATISTICS
STANDARD CERT	FIFICATE OF BATH . Registered No.
County July	State Are grace
District or Fewnship	or Village
Meani	
V X70	
2. Full name of child Crastacia Hely Vasque (Supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate?	
in event of plural	7. Date May 2, 1958
//www. 5. No., in order of birth	Month Day Year
8. FATHER	14. MOTHER
Full name Wartin Vasquer	Full malden name Haleciana Decera
	There and see eng
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state. He zareq	If non-resident, give place and state.
10. Color or race	X Company
750	16 Color or race
neuficau 11. Age at last birthday. 38 (Years)	neur cau 17. Age at last birthday (Years)
D. C C.	
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)) curl co	(State or country)
13. Occupation	19. Occupation
Nature of Industry	Nature of industry
College Co	
20. Number of children of this mother	
(Taken as of time of birth of child herein - (b) Born slive t	tholmis pagestomes
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 1 hereby certify that I attended the birth of this child, who was 200 m, on the date above stated.	
I hereby certify that I attended the birth of this child, who was	(Born alive or stillborn) at m, on the date above stated
*When there was no attending physician \ gianting	(0) $=$ 0
etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or mid-sta)
Given name added from	(Physician or midwife).
a supplemental report Month, day, year Address	
Filed	Way 12,0 28 10. 6. 000
Registrar	
	190 人 一 6人 1